

Please type a plus sign (+) inside



10-03-00

PTO/SB/05 (2/98)

App. for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

042390.P9572

First Inventor or Application Identifier

Aditya Mukherjee

Title

DISTRIBUTED TEST CONTROL ARCHITECTURE

Express Mail Label No.

EM560646965US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification *Total Pages* **20**
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) *Total Sheets* **4**
4. Oath or Declaration *Total Pages* **1**
- a. ☐ Newly executed (original copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity ☐ Statement filed in prior application, Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____/_____

Prior application Information: Examiner _____

Group/Art Unit: _____

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number of Bar Code Label

(Insert Customer No. or Attach bare code label here)

or ☒ Correspondence address below

Name

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Address

12400 Wilshire Boulevard, Seventh Floor

City

Los Angeles

State

California

Zip Code

90025

Country

U.S.A.

Telephone

(310) 207-3800

Fax

(310) 820-5988

Name (Print/Type)

Eric S. Hyman, Reg. No. 30,139

Signature

Date

09/29/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

Petent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.28 and 1.28

TOTAL AMOUNT OF PAYMENT (\$) **690.00**

Complete If Known

Application Number
Filing Date
First Named Inventor **Aditya Mukherjee**
Examiner Name
Group Art Unit
Attorney Docket Number **042390.P9572**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance.

2. ☒ Payment Enclosed:

- ☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/96)

1. FILING FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	\$690
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) **690.00**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20** = 0	X \$18.00 =	0.00
3	-3** = 0	X \$78.00 =	0.00
Multiple Dependent			

**or number of previously paid, if greater; For Reissues, see below

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0.00**

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	380	216	190	Extension for response within second month	
117	870	217	435	Extension for response within third month	
118	1,360	218	680	Extension for response within fourth month	
128	1,850	228	925	Extension for response within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,360	138	1,360	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidably	
141	1,210	241	605	Petition to revive - unintentionally	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

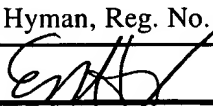
Other fee (specify) _____

SUBTOTAL (3) (\$) _____

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name **Eric S. Hyman, Reg. No. 30,139**

Signature 

Date **09/29/00**

Complete (if applicable)

Reg. Number _____

Deposit Account User ID **02-2666**

